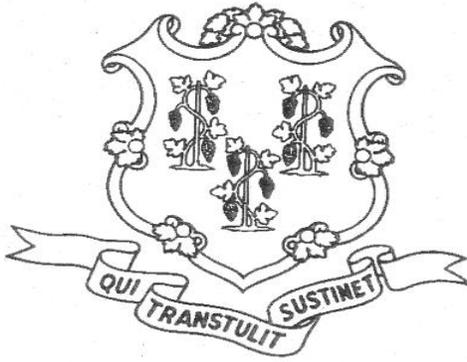


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Apple Rehab West Haven	
Address (No. & Street, City, State, Zip Code) 308 Savin Ave. West Haven, CT 06516	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input checked="" type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH 2136-C	RHNS 151-RH	(Specify)	Medicare Provider 07-5403
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Medicaid Provider Numbers:	CCNH 92197	RHNS 21361	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed) Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 1	of 37
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Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Apple Rehab West Haven [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Ilene Berkon-Cardello			Printed Name (Owner) Brian J. Foley		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Apple Rehab West Haven		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 308 Savin Ave. West Haven, CT 06516				
Report Prepared By Apple Health Care, Inc.		Phone Number (860) 678-9755	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

Salaries - Compensation computed on a weekly or other basis which does not generally vary, based on the number of hours worked.

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-932-6411		Report for Year Ended 9/30/2015		Page 2	of 37
Name of Facility (as shown on license) Apple Rehab West Haven			Address (No. & Street, City, State, Zip) 308 Savin Ave. West Haven, CT 06516		
License Numbers:	CCNH 2136-C	RHNS 151-RH	(Specify)	Medicare Provider No. 07-5403	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Ilene Berkon-Cardello			Nursing Home Administrator's License No.:	001054	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Apple Rehab West Haven	Business Address 308 Savin Ave. West Haven, CT 06516	State(s) in Which Incorporated Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	
Ryan Vess	21 Waterville Road Avon, CT 06001	Secretary		
Names of Stockholders Owning at Least 10% of Shares				
Brian J. Foley	21 Waterville Road Avon, CT 06001	President	100	

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Brian J. Foley	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real Estate Rental	Pg. 22 Line 9	372,000	372,000
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Management & Accounting Services	Pg. 16 Line m12	463,075	463,075
Healthport Services	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg 10/13 Schedule	76,091	76,091
Allstar	21 Waterville Road Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>	15%	Therapy Services	Pg. 13 B5/B9/B10	871,074	798,775
Corporate Employee	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	12,407	12,407
Employees @ various Apple Facilities		<input type="radio"/>	<input checked="" type="radio"/>		Employee Staffing	Pg. 10 Schedule	88,557	88,557
Apple Health Care	21 Waterville Road Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Pension Plan (401K)	Pg. 15 1a7	10,292	10,292
Aetna	PO Box 88860 Chicago, IL	<input checked="" type="radio"/>	<input type="radio"/>		Group Medical	Pg. 15 1a5	412,841	
Delta Dental	PO Box 23700 Newark, NJ	<input checked="" type="radio"/>	<input type="radio"/>		Group Dental	Pg. 15 1a5	29,320	

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

**General Information and Questionnaire
 Related Parties***

Name of Facility Apple Rehab West Haven		License No. 2136-C		Report for Year Ended 9/30/2015		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?						x Yes No	If "Yes," provide the following information:	
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Unum Life Insurance	PO Box 406946 Atlanta, GA	X			Group Life & Disability	Pg. 15 1a6	13,246	
Marsh	PO Box 19636 Newark, NJ	X			Property, Liability, & Umbrella Insurance	Pg. 27 14a	74,749	
Medstat	41 Northwest Dr. Plainville, CT	X		9%	Pharmacy	Pg. 13B3/Pg. 20 5a2	475,507	441,746
AIG	PO Box 10472 Newark, NJ	X			Worker's Compensation	Pg. 15 1a1	117,198	
Swallowing Diagnostics	21 Waterville Rd. Avon, CT	X		83%	Diagnostic Services	Pg. 20 5f	1,800	1,697
Brendan Foley	21 Waterville Rd. Avon, CT	X				##		
Ryan Vess	21 Waterville Rd. Avon, CT		X			##		

* Use additional sheets if necessary.
 ** Provide the percentage amount of revenue received from non-related parties.
 ## Related expense has been disallowed on Pg. 28 Line 23

**Harbor View
Shared Employees
Provider 1068-C
10.1.14-9.30.15**

41001- Salaries Administrator

Source	Facility	Employee	Amount
Optimum Report		Madara	44,108.51
Admin Wages 3.19.15-9.30.15			7,698.48
Admin Wages 3.19.15-9.30.15		Nelson	15,250.00
Admin Wages 3.19.15-9.30.15		Urbanski	18,173.09
Admin Wages 3.19.15-9.30.15		Berkon-Cardello	16,167.30
			101,397.38

41002-

Source	Facility	Employee	Amount
4/30/2015	april healthport shared	Shelton	462.00
4/30/2015	april healthport shared	Shelton	517.00
4/30/2015	april healthport shared	Shelton	555.50
5/31/2015	may healthport services	Shelton	957.00
6/30/2015	june healthport shared	Shelton	1,058.75
			-
			3,550.25

41003- Salaries Accounting

Source	Facility	Employee	Amount
9/30/2015	september healthport shared	Wilson	485.00
	Payroll Dept Allocation		2,456.00
	Billing Unit Allocation.		9,951.00
			12,892.00

41004- Social Services/Admissions

Source	Facility	Employee	Amount
102014SHR	Laurel Woods	Condon	355.50
112014SHR	Laurel Woods	Condon	517.50
032015SHR	Laurel Woods	Condon	283.50
7/31/2015	Healthport shared	Moore	1,181.50
8/31/2015	Healthport shared	Moore	62.50

2,400.50

45001 - Salaries RN

Source	Facility	Employee	Amount
112014SHR	Watrous	Wainer	653.59
			<hr/> <hr/> 653.59 <hr/> <hr/>

45002 - Salaries - LPN

Source	Facility	Employee	Amount
102014SHR	Chesterfields	Sallah	(748.13)
102014SHR	Laurel Woods	Damiani	367.76
102014SHR	Saybrook	Antoniou	(1,048.43)
112014SHR	Chesterfields	Sallah	(1,017.93)
112014SHR	Laurel Woods	Damiani	589.88
122014SHR	Chesterfields	Sallah	(1,247.26)
122014SHR	Coccoma	Antoniou	(675.26)
122014SHR	Laurel Woods	Damiani	627.88
122014SHR	Saybrook	Antoniou	(514.80)
012015SHR	Laurel Woods	Damiani	1,071.64
012015SHR	Saybrook	Antoniou	(2,249.70)
012015SHR	Laurel Woods	Damiani	(221.00)
022015SHR	Saybrook	Antoniou	(257.40)
022015SHR	Coccoma	Antoniou	(25.50)
4/30/2015	april healthport shared	Stack	240.00
4/30/2015	april healthport shared	Kenya	255.00
5/31/2015	May healthport shared	Oluwatosin	224.00
6/30/2015	june healthport shared	Kenya	262.50
6/30/2015	june healthport shared	Consuelo	271.25
7/31/2015	Healthport shared	Luciano	236.25
7/31/2015	Healthport shared	Mohammad	457.25
			<hr/> <hr/> (3,402.00) <hr/> <hr/>

45003 - Salaries - Aides

Source	Facility	Employee	Amount
112014SHR	Shelton Lakes	Nunno	200.00
112014SHR	Shelton Lakes	Nunno	(611.38)
122014SHR	Shelton Lakes	Nunno	(103.13)
012015SHR	Shelton Lakes	Annuzzi	59.28
012015SHR	Shelton Lakes	Leonard	507.33
			<hr/> <hr/> 52.10 <hr/> <hr/>

45010 - Salaries - Infection Control

Source	Facility	Employee	Amount
012015SHR	Laurel Woods	Smith	295.51
022015SHR	Laurel Woods	Smith	285.98
			581.49

45017- Salaries MDS Coordinator

Source	Facility	Employee	Amount
112014SHR	Healthport	Migliorati	361.00
122014SHR	Healthport	Migliorati	442.00
012015SHR	Healthport	Herrick	238.00
			1,041.00

50001- Salaries Dietician

Source	Facility	Employee	Amount
102014SHR	Hewitt	Cox	(1,680.00)
102014SHR	Shelton	Cox	(560.00)
112014SHR	Shelton	Cox	(448.00)
112014SHR	Hewitt	Cox	(1,344.00)
122014SHR	Elm	Cox	(112.00)
122014SHR	Hewitt	Cox	(1,680.00)
122014SHR	Shelton	Cox	(448.00)
122014SHR	Shelton	Rodak	75.00
012015SHR	Shelton	Cox	(616.00)
012015SHR	Hewitt	Cox	(1,764.00)
022015SHR	Hewitt	Cox	(1,596.00)
022015SHR	Shelton	Cox	(448.00)
032015SHR	Shelton	Cox	(112.00)
032015SHR	Hewitt	Cox	(420.00)
			(11,153.00)

Total Shared Employee	95,606.31
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Harbor View**45022- Purch Service RN - ESP**

Source	Facility	Employee	Amount
102014SHR	Healthport	Cuddy	354.00
112014SHR	Healthport	Ankrah	357.00
122014SHR	Healthport	Simeoli	425.25
012015SHR	Healthport	Ankrah	642.00

012015SHR	Healthport	Simeoli	536.25
022015SHR	Healthport	Simeoli	321.75

Indirect			1,563.92
			4,200.17

45023- Purch Service LPN - ESP

Source	Facility	Employee	Amount
102014SHR	Healthport	Setaro	263.50
102014SHR	Healthport	Kingston	519.25
102014SHR	Healthport	Arshad	790.50
102014SHR	Healthport	Pinnock-Bennett	330.00
102014SHR	Healthport	Pierre	519.25
102014SHR	Healthport	Yopp	1,511.00
102014SHR	Healthport	Lawal	247.50
102014SHR	Healthport	LaCoss	120.00
102014SHR	Healthport	Reynoso	1,782.00
112014SHR	Healthport	Arshad	264.00
112014SHR	Healthport	Mesquita	285.00
112014SHR	Healthport	Pinnock-Bennett	1,221.00
112014SHR	Healthport	Pierre	248.00
112014SHR	Healthport	Yopp	832.00
112014SHR	Healthport	Reynoso	1,507.50
122014SHR	Healthport	Patsas	305.25
122014SHR	Healthport	Kingston	1,271.00
122014SHR	Healthport	Gayle-Smith	262.50
122014SHR	Healthport	Pierre	255.75
122014SHR	Healthport	Yopp	320.00
122014SHR	Healthport	Whitfield	262.50
122014SHR	Healthport	Reynoso	798.50
012015SHR	Healthport	Kingston	263.50
012015SHR	Healthport	Arshad	263.50
012015SHR	Healthport	Gayle-Smith	270.00
012015SHR	Healthport	Pinnock-Bennett	838.75
012015SHR	Healthport	Pierre	248.00
012015SHR	Healthport	Thomas	205.00
012015SHR	Healthport	Reynoso	247.50
022015SHR	Healthport	Kingston	264.00
022015SHR	Healthport	Pinnock-Bennett	321.75
022015SHR	Healthport	Pierre	217.50
022015SHR	Healthport	Yopp	280.00
022015SHR	Healthport	Reynoso	727.50
032015SHR	Healthport	Arshad	286.75
032015SHR	Healthport	Yopp	304.00
032015SHR	Healthport	LaCoss	277.50

Indirect

8,220.71

27,151.96

Total ESP

31,352.13

Hours

960.00

160.00

244.00

360.00

320.00

2,044.00

Hours

21.00

23.50

25.25

43.50

45.75

159.00

Hours

24.25

79.00

458.00

561.25

Hours

19.75

28.75

15.75

31.75

2.50

98.50

Hours

16.75

16.75

Hours

(26.25)

16.00

(34.00)

(37.25)

24.25

(44.25)

(25.00)

24.50

(16.50)

1,071.64

(2,249.70)

(221.00)

(8.25)

(1.00)

8.00

8.50

8.00

8.75

8.75

8.75

29.50

(1,446.56)

Hours

16.00

(47.50)

(8.25)

4.00

31.75

(4.00)

Hours

7.75

7.50

15.25

Hours

9.50

14.00

7.00

30.50

Hours

(60.00)

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(16.00)

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(4.00)

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(63.00)

(57.00)

(16.00)

(4.00)

(15.00)

(398.00)

539.69



Hours

8.25

9.25

10.75

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13.75
8.25

66.75

Hours

8.50
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8.25
8.00
9.75
7.50
8.75
24.25
9.25
9.50
9.25

603.25

670.00

29970278 Pinnock-Bennett	Delrose	29 Healthport Srvc	8
29970353 REYNOSO	MARIEL	29 Healthport Srvc	8
29970307 Sadoski	Aurora	29 Healthport Srvc	8
29970307 Sadoski	Aurora	29 Healthport Srvc	8
29970307 Sadoski	Aurora	29 Healthport Srvc	8
29970307 Sadoski	Aurora	29 Healthport Srvc	8
29970308 Sewell	KerryAnn	29 Healthport Srvc	8
29970349 Whitfield	Crystal	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
29970296 Yopp	Kenya	29 Healthport Srvc	8
16976709 LEONARD	PATRICIA	16 Shelton Lk	8
29000067 Herrick	Holly	29 Healthport Srvc	8
8970386 CULBREATH	KEYANA	8 West Haven	13
8970458 SALLAH	PAMELA	8 West Haven	24
8970330 MULDONG	MARION	8 West Haven	26
8970330 MULDONG	MARION	8 West Haven	26
8970330 MULDONG	MARION	8 West Haven	26
8970390 ANTONIOU	SHARON	8 West Haven	27
8970390 ANTONIOU	SHARON	8 West Haven	27

	GL	Desc	
West Haven	908-41002	Salaries - Clerical - JobTitle = HR Coordinator	4/30/2015
West Haven	908-41002	Salaries - Clerical - JobTitle = HR Coordinator	5/7/2015
	908-41002 Total		
West Haven	908-41003	Salaries - Accounting - JobTitle = A/R Coordinator	5/21/2015
West Haven	908-41003	Salaries - Accounting - JobTitle = HR / A/P Coordi	9/17/2015
West Haven	908-41003	Salaries - Accounting - JobTitle = A/P Coordinator	9/3/2015
West Haven	908-41003	Salaries - Accounting - JobTitle = A/P Coordinator	9/10/2015
West Haven	908-41003	Salaries - Accounting - JobTitle = A/P Coordinator	9/17/2015
West Haven	908-41003	Salaries - Accounting - JobTitle = A/P Coordinator	9/24/2015
	908-41003 Total		
West Haven	908-41004	Salaries - Social Services/Admissions - JobTitle = S	7/2/2015
West Haven	908-41004	Salaries - Social Services/Admissions - JobTitle = S	9/17/2015
	908-41004 Total		
West Haven	908-41008	Salaries - Staff Development - JobTitle = STAFF D	4/2/2015
West Haven	908-41008	Salaries - Staff Development - JobTitle = STAFF D	4/30/2015
	908-41008 Total		
West Haven	908-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/9/2015
West Haven	908-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	7/16/2015
West Haven	908-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/26/2015
West Haven	908-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015
West Haven	908-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	6/25/2015
West Haven	908-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/30/2015
West Haven	908-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	4/9/2015
	908-45001 Total		
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	5/28/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	6/11/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	8/6/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	8/27/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	4/30/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	5/14/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/23/2015

West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	9/24/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	5/21/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	6/4/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	8/20/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	3/26/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	4/2/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	4/16/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	4/23/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	6/18/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	6/25/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/2/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/9/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/16/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	7/30/2015
West Haven	908-45002	Salaries LPN - JobTitle = LPN SNF	8/13/2015
	908-45002 Total		
West Haven	908-45003	Salaries - Aides - JobTitle = CNA SNF	5/14/2015
	908-45003 Total		
West Haven	908-45017	Salaries - MDS Coordinator - JobTitle = MDS COC	8/20/2015
	908-45017 Total		
Watrous	913-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	3/19/2015
	913-45001 Total		
Chesterfields	924-45002	Salaries LPN - JobTitle = LPN SNF	3/19/2015
	924-45002 Total		
Laurel Woods	926-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/7/2015
Laurel Woods	926-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/14/2015
Laurel Woods	926-45001	Salaries - R.N. (CCNH) - JobTitle = RN SNF	5/21/2015
	926-45001 Total		
Saybrook	927-45002	Salaries LPN - JobTitle = LPN SNF	4/9/2015
Saybrook	927-45002	Salaries LPN - JobTitle = LPN SNF	5/7/2015
	927-45002 Total		
	Grand Total		

16	352.00
20.25	445.50
36.25	797.50
8.25	208.31
4	88.00
16.75	335.00
25.25	505.00
15.25	305.00
8.75	175.00
78.25	1,616.31
3.25	82.97
-3.25	(82.97)
0	-
6	228.78
7.25	276.44
13.25	505.22
30	509.00
90	1,254.75
16.25	304.50
28	344.00
16.5	297.00
24.25	345.00
25.5	527.13
230.5	3,581.38
19	299.25
17.75	550.25
16.5	255.75
17.5	271.25
16	248.00
16.5	255.75
21	325.19
35	658.50
19.25	298.38
31.5	488.25
29.5	457.25
16	248.00
16	248.00
13.75	412.50
17.5	280.00
33.5	502.50
36.5	547.50
15	225.00
20	300.00
18.5	277.50

34	510.00
16.5	247.50
18.5	296.00
8.5	263.50
53.25	878.63
16.5	272.25
8	248.00
17	280.50
18.5	305.25
16.5	272.25
8.5	255.00
8.75	262.50
8.25	247.50
17	255.00
17.5	262.50
17	255.00
8.75	236.25
9	229.71
9.25	277.50
8.25	247.50
17	412.25
30	603.50
14.5	224.75
15	232.50
29.5	457.25
16	248.00
16	248.00
14.75	228.57
8.25	239.25
15	247.00
7.5	217.50
7.5	225.00
19	313.50
37.5	618.75
19	313.50
38	627.00
37	610.50
27.75	570.25
37	610.50
19.5	321.75
19.5	321.75
24.25	400.13
36	594.00
18	333.25
22	363.00

21	346.50
7.75	232.50
8.75	245.00
9.5	266.00
6.75	189.00
9.75	273.00
16.5	239.25
0	16.00
33.25	773.50
8.75	262.50
8	240.00
33.75	781.50
17.5	280.00
30.25	907.50
45.5	1,079.31
26.5	543.00
31.75	884.22
37.75	838.50
41.75	1,154.50
8	240.00
1694	#####
15.5	120.43
15.5	120.43
6.25	212.50
6.25	212.50
16	224.00
16	224.00
8	192.00
8	192.00
16	280.00
32.5	542.00
16	272.00
64.5	1,094.00
8.25	206.25
0	51.15
8.25	257.40
2170.75	#####

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 The costs incurred by Apple Health Care, inc. (a related party), to provide Accounting and Managerial services to each facility owned by Brian J. Foley, are allocated on a per bed basis.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility Apple Rehab West Haven			License No. 2136-C			Report for Year Ended 9/30/2015		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire Accounting Basis

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Saslow, Lufkin, & Buggy, LLP 2 Huban & Brazee 3 4	Address (No. & Street, City, State, Zip Code) 10 Tower Lane Avon, CT 06001 35 Wendell Avenue Pittsfield, MA 10202
-----------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1 Preparation of audited financials (dissallow Pg. 28)	\$ 4,358
2 Preparation of tax returns	\$ 2,025
3	\$
4	\$
Charge for Services Provided	
\$ 6,383	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Law Office of Jason DeGenero 2 Clerk of the Superior Court 3 Treasurer State of CT 4 James W. Morrissey 5	Telephone Number
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------

Address (*No. & Street, City, State, Zip Code*)

1 29 Water St. Guilford, CT 06437	
2	
3 355 Main St, West Haven, CT 06516	
4 PO Box 551, West Haven, CT 06516	
5	

Services Provided by This Firm (*describe fully*)

1 Collections	\$ 1,560
2 Conservatorship	\$ 90
3 Conservatorship	\$ 150
4 Conservatorship	\$ 170
5	\$
Charge for Services Provided	
\$ 1,970	

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg. 15 1e

Schedule of Resident Statistics

Name of Facility Apple Rehab West Haven			License No. 2136-C			Report for Year Ended 9/30/2015			Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	90	89	1		90	89	1		90	89	1	
B. On last day of THIS report period	90	89	1		90	89	1		90	89	1	
2. Number of Residents												
A. As of midnight of PREVIOUS report period	82	81	1		82	81	1		82	81	1	
B. As of midnight of THIS report period	82	81	1		82	81	1		82	81	1	
3. Total Number of Days Care Provided During Period												
A. Medicare	4,199	4,199			2,983	2,983			1,216	1,216		
B. Medicaid (Conn.)	20,880	20,515	365		15,587	15,314	273		5,293	5,201	92	
C. Medicaid (other states)												
D. Private Pay	4,690	4,690			3,637	3,637			1,053	1,053		
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	29,769	29,404	365		22,207	21,934	273		7,562	7,470	92	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	29,769	29,404	365		22,207	21,934	273		7,562	7,470	92	

Schedule of Resident Statistics (Cont'd)

Name of Facility Apple Rehab West Haven			License No. 2136-C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	(Specify)	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	11		52	1	18								
Per Diem Rate													
a. One bed rm.					430.00								
b. Two bed rms.	RUGS III		216.50	149.95	399.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B										7,014	7,014		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										15,662	15,662		
D. Total Physical Therapy Treatments										22,676	22,676		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										566	566		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										666	666		
D. Total Speech Therapy Treatments										1,232	1,232		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										3,221	3,221		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										13,364	13,364		
D. Total Occupational Therapy Treatments										16,585	16,585		

Report of Expenditures - Salaries & Wages

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	97,205	2,044				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	70,590	4,411				
5. Dietary Service						
a. Head Dietitian	42,746	1,515				
b. Food Service Supervisor	55,658	2,234				
c. Dietary Workers	259,043	20,386				
6. Housekeeping Service						
a. Head Housekeeper	19,287	1,284				
b. Other Housekeeping Workers	92,123	8,422				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	63,549	3,999				
8. Laundry Service						
a. Supervisor	12,982	865				
b. Other Laundry Workers	55,333	5,258				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	94,691	4,527				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	161,818	4,046				
b. RN						
1. Direct Care	401,202	25,637				
2. Administrative**	114,014	3,855				
c. LPN						
1. Direct Care	675,774	39,847				
2. Administrative**						
d. Aides and Attendants	967,748	105,269				
e. Physical Therapists	5,737	415				
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	62,138	4,267				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	88,639	3,952				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	3,340,277	242,233				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility				License No.	Report for Year Ended				Page	of
Apple Rehab West Haven				2136-C	9/30/2015				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** employment worked during the cost year.

**Schedule A1 - Salary Information for Operators/Owners; Administrators,
Assistant Administrators and Other Related Parties***

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Apple Rehab West Haven				2136-C	9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Mary Madara, Willie Nelson, Linda Urbanski, Ilene Berkon-Cardello - SEE ATTACHED	97,205					2,044	A2			
Section IV - Assistant Administrators										

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include **all** other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

Name	CCNH	RHNS	(Specify)	Total Hours Worked	Line Where Claimed on Page 10	Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
Mary Madara	43,290.76			1,120	A2		Administrator 10/1/14 - 4/10/15	Shelton Lakes	59,522	960
Willie Nelson	15,250.00			244	A2		Administrator 6/13/15 - 7/28/15	Brightview	7,313	117
Linda Urbanski	18,173.09			360	A2		Administrator 4/11/15 - 6/12/15	Kent/Shelton Lakes	39,061/44,926	739/1,120
Ilene Berkon-Cardello	20,491.34			320	A2		Administrator 8/1/15 - 9/30/15			
	97,205.19			2,044						

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Apple Rehab West Haven	2136-C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	9,789	78				
3. Pharmacist	6,891	42				
4. Podiatrist	106	3				
5. Physical Therapy						
a. Resident Care	419,390	5,669				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	36,000	224				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Audiologist/Eye Doctor/Physicians	1,147	10				
9. Speech Therapist						
a. Resident Care	48,272	308				
b. Other						
10. Occupational Therapist						
a. Resident Care	287,757	4,146				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,043	67				
2. Administrative***						
b. LPN						
1. Direct Care	27,152	603				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	17,231	172				
B-13 Total Fees Paid in Lieu of Salaries	859,779	11,322				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

*** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility Apple Rehab West Haven		License No. 2136-C	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Allstar Therapy 21 Waterville Rd. Avon, CT	Therapy Services	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Healthport Services 21 Waterville Rd. Avon, CT	Employee Staffing	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
Medstat 41 Northwest Dr. Plainville, CT	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	See Disclosure Pg. 4	
West River Pharmacy of Connecticut 41 Northwest Dr. Plainville, CT	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Garumini A. DeSilva 15 Aldo Dr. Woodbridge, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Horatiu Balas 697 Campbell Ave. West Haven, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Medical & Dental Group One Prestige Dr. Meriden, CT	Podiatrist & Dentist & Eyecare	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Asefeh Heiat-Azodi P.O. Box 1086 Branford, CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anthony Sciala 100 York St. #8D New Haven, CT	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>		
Pointright Inc 150 Cambridge Park Dr, Cambridge, MA 02140	Data Integrity Audit	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 117,198	117,198		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 77,088	77,088		
4. Social Security (F.I.C.A.)	\$ 237,337	237,337		
5. Health Insurance	\$ 319,051	319,051		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 13,246	13,246		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 10,292	10,292		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 174,522	174,522		
d. Accounting and Auditing	\$ 6,383	6,383		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,970	1,970		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 48,735	48,735		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 17,051	17,051		
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 537,208	537,208		
Subtotal	\$ 1,560,081	1,560,081		

* Facility should self-disallow the expense on Page 28 of the Cost Report.

(Carry Subtotals forward to next page)

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Advertising - Public Relations	\$ 13,781		
Total Other Advertising	\$ 13,781	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 6,142		
Total Dues	\$ 6,142	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Detail	\$ -		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Corporate Fees - Non Reimbursable	\$ 36,105		
Licenses & Fees	\$ 10,929		
Pre Employment Screening	\$ 12,685		
Point Click Care Fees	\$ 9,047		
Bank Charges	\$ -		
Resident Expenses	\$ 3,220		
Account Write Off	\$ 708		
Total Other Administrative and General	\$ 72,694	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Apple Rehab West Haven	2136-C	9/30/2015	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Apple Health Care, Inc.	463,075	Accounting & Managerial Services	Pg. 16 m12

*** In addition to management fees reported on page 16, line m12 include any additional management company charges or allocations of home office overhead costs reported elsewhere in the Annual Report.**

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs (See Note on Page 5)

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 18	of 37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 217,870	217,870		
2. Non-Food Supplies	\$ 33,715	33,715		
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 509	509		
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 252,094	252,094		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	245	245		
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

C. Expenditures Other Than Salaries (cont'd) - Laundry Basis for Allocation of Costs
(See Note on Page 5)

Name of Facility Apple Rehab West Haven		License No. 2136-C	Report for Year Ended 9/30/2015	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	9,405	9,405	
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$	20,539	20,539	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	29,944	29,944	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility	License No.	Report for Year Ended	Page	of	
Apple Rehab West Haven	2136-C	9/30/2015	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced	25,480	25,480		
a. In-House Care	by Personnel				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	27,171	27,171		
b. Purchased Services (<i>by contract other than through Management Services</i>)	Sq. Ft. Serviced				
(<i>Complete Schedule C-2 att. Page 21</i>)	by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	27,171	27,171		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Medstat/West River	\$	393,653	393,653		
b. Medicine Cabinet Drugs	\$				
c. Medical and Therapeutic Supplies	\$	206,378	206,378		
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	31,824	31,824		
f. X-rays and Related Radiological Procedures***	\$	20,692	20,692		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	32,477	32,477		
i. Recreation	\$	38,623	38,623		
j. Other (Specify)**** See Attached Schedule	\$	30,789	30,789		
5K. Total Resident Care Expenditures (5a - 5j)	\$	754,437	754,437		

* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Report of Expenditures
Schedule C-2 - Individuals or Firms Providing Services by Contract *

Name of Facility Apple Rehab West Haven			License No. 2136-C		Report for Year Ended 9/30/2015				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Aurora Landscaping	17 Wenzel Farm Rd. North Haven, CT	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal and Landscaping	28,132			22	6a
CWMP, LLC	25 Norton Place Plainville, CT	<input type="radio"/>	<input checked="" type="radio"/>		Refuse Removal	20,079			22	6 f
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

C. Expenditures Other Than Salaries (cont'd) - Maintenance and Property

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab West Haven	2136-C	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 150,172	150,172				
b. Heat	\$ 21,601	21,601				
c. Light & Power	\$ 90,370	90,370				
d. Water	\$ 53,371	53,371				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 29,185	29,185				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 344,698	344,698				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ (0)	(0)				
d. Movable Equipment	\$ 24,511	24,511				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 24,511	24,511				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 84,074	84,074				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 84,074	84,074				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 372,000	372,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 72,441	72,441				
c. Personal property taxes	\$ 7,262	7,262				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 560,288	560,288				

* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.

Apple Rehab West Haven
9/30/2015

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$ -		\$ - *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		-		\$ - *
Deletions:				
9/30/2015	Nurs Home Acquisition	(69,600.00)	10	
9/30/2015	Equipment Step Up	52,390.00	10	
9/30/2015	United Res (Garbage Disposal)	(681.90)	8	
9/30/2015	Garbage Disposal (United East)	(737.50)	8	
Total deletions for Non-Movable Equipment		(18,629.40)		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/21/2014	Spot Vital Monitor (First Choice)	2,073.56	5	518.40
2/20/2015	Hot Food Table (Triple A Supplies)	2,366.42	15	155.26
3/19/2015	Payroll System Upgrade-Time Clocks	1,233.02	10	42.04
3/19/2015	Payroll System Upgrade-Time Clocks	1,395.84	10	47.57
4/30/2015	Install Wireless Network Controllers	441.88	5	27.68
6/3/2015	2 Chart Racks (Carstens)	2,141.32	20	30.37
Total additions for Movable Equipment		9,652.04		821.32
Deletions:				
9/30/2015	Cubicle Curtains (Victor)	(1,696.54)	10	
9/30/2015	Drapes (Corso Interiors)	(1,963.90)	10	
9/30/2015	Telephone (So. New Eng Tel)	(1,236.25)	10	
9/30/2015	Drapes (Corso Interiors)	(2,293.85)	3	
9/30/2015	Drapes (Corso Interiors)	(2,941.04)	3	
9/30/2015	Washer (Daniel's)	(7,698.75)	10	
9/30/2015	UHF Purchasing (Blender)	(658.93)	10	
9/30/2015	Drapes (Edwd. Bernard)	(3,306.71)	4	
9/30/2015	E. Bernard (Drapes)	(1,378.69)	4	
Total deletions for Movable Equipment		(23,174.66)		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/8/2014	Roof Condenser Securement (H&H Roofing)	3,200.00	10	\$ 400
10/27/2014	Replc Sprinkler Valve (FPT)	2,859.04	10	\$ 357
3/12/2015	Down Payment on Water Heater	8,500.00	10	292.79
3/12/2015	Remaining Balance on Water Heater	1,700.00	10	58.55
5/28/2015	Install New Piping on Air Conditioner	1,187.61	20	17.18
6/6/2015	Install Wiring for Air Conditioners	5,849.25	10	164.07
6/19/2015	Labor to Test New Air Conditioner Units	877.39	10	23.29
6/29/2015	Install Wiring for Air Conditioners	907.94	10	22.94
6/29/2015	Install Wiring for Air Conditioners	935.88	10	23.64
8/31/2015	Replace Fire Pump Base-Fire Pump Repair	14,221.12	20	91.01
8/31/2015	Replace Fire Pump Base-Fire Pump Repair	6,409.36	20	41.02
8/31/2015	Replace Fire Pump Base-Fire Pump Repair	280.76	20	1.8
Total additions for Leasehold Improvement		46,928.35		\$ 1,494
Deletions:				
9/30/2015	Bath Heaters (Vinci Elect.)	(800.00)	20	
9/30/2015	Water Heater (Geo Ellis)	(1,500.00)	10	
9/30/2015	Minturn Plumb. (Wash Mach Hookup)	(1,549.87)	20	
9/30/2015	Minturn Plumb. (Wash Mach Hookup)	(2,308.47)	20	
9/30/2015	Masselli (Carpeting)	(1,695.00)	5	
9/30/2015	Masselli (Carpeting)	(5,728.00)	5	
9/30/2015	Masselli (Carpeting)	(2,761.00)	5	
9/30/2015	Masselli (Carpeting)	(5,728.00)	5	
9/30/2015	Climate Control (Air Conditi)	(1,130.00)	5	
9/30/2015	Climate Control (Air Conditi)	(3,393.75)	5	
9/30/2015	Climate Control (Air Conditi)	(203.63)	5	
9/30/2015	Artromick (Hand Grips)	(199.49)	15	
9/30/2015	Petty Cash (Miscellaneous)	(29.10)	5	
Total deletions for Leasehold Improvement		(27,026.31)		\$ -

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility Apple Rehab West Haven			License No. 2136-C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period				1,926,328	1,346,954	SL	A	82,580	
2. Disposals (attach schedule)				(27,026)	(27,026)				
3. Acquired during this report period (attach schedule)				46,928				1,494	
C-4. Subtotal									84,074
D. Total Amortization									84,074

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

C. Expenditures Other Than Salaries (cont'd) - Property Questionnaire

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	90				
6. Square Footage	25,480				
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed		See Attached			
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

CT Medicaid Cost Report Attachment Page 25

		Original Mortgage
A.	Type of Financing (e.g. fixed, variable)	Fixed
B.	Date of Mortgage Obtained	4/11/2008
C.	Interest Rate For the Cost Year	6.44%
D.	Term of Mortgage (number of years)	7 Yrs.
E.	Amount of Principal Borrowed	119,500,000
F.	Principal Balance Outstanding as of 9/30/15	100,562,320

Note: The following facilities are collateralized by this mortgage.

Connecticut Facilities

Brightview Nursing & Retirement Center, Ltd.
Rose Haven, Ltd.
Mary Elizabeth Nursing Center, Inc.
Fowler Nursing Center, Inc.
Waterbury Extended Care Facility, Inc.
Harbor View Nursing Center, Inc.
Liberty Hall Nursing Center
Orchard Grove Specialty Care
Wolcott Hall Nursing Center, Inc.
Hewitt Health and Rehabilitation Center, Inc.
Watrous Nursing Center
Elm Hill Nursing Center, Inc.
Gardner Heights Health Care Center, Inc.
Shelton lakes Health Care Center, Inc.
Highview Health Care Center, Inc.
Westfield Manor Health Care Center, Inc.
TA Cocomo Memorial
Plainville Health Care Center, Inc.
Ledgestone Health Care Center, Inc.
Ridgeview Health Care Center, Inc.
The Kent, Ltd.
Chesterfields, Ltd.

Out of State Facilities

Watch Hill Manor, Ltd.
The Clipper Home, Inc.

6 Month extension

extension to 10/13/15

2.08%

6 month

C. Expenditures Other Than Salaries (cont'd) - Interest

Name of Facility		License No.	Report for Year Ended		Page	of
Apple Rehab West Haven		2136-C	9/30/2015		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

C. Expenditures Other Than Salaries (cont'd) - Interest and Insurance

Name of Facility Apple Rehab West Haven		License No. 2136-C		Report for Year Ended 9/30/2015		Page 27 37	
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify) \$							
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) \$							
12. D. Other Interest Expense (Specify) \$				7,244	7,244		
Value Settlement \$3,174 West Haven Tax Interest \$4,070							
13. Total All Interest Expense (12B7 + 12C3 + 12D) \$				7,244	7,244		
14. Insurance							
a. Insurance on Property (buildings only) \$				74,749	74,749		
b. Insurance on Automobiles \$							
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage) \$							
2. Fire and Extended Coverage \$							
3. Other (Specify) \$							
14d. Total Insurance Expenditures (14a + b + c) \$				74,749	74,749		
15. Total All Expenditures (A-13 thru C-14) \$				8,396,120	8,396,120		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Apple Rehab West Haven				2136-C	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 287,757	287,757		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 174,522	174,522		
10.	15	1d/e	Accounting & Legal	\$ 6,328	6,328		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 13,781	13,781		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 49,925	49,925		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 532,313	532,313		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12m	Social Service/Marketing			
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Corporate Fee - Non Reimburable	\$ 36,105		
16	1.3	Employee Recognition/Gifts/Parties	\$ 9,287		
16	8a	Chamber of Commerce	\$ 595		
16	m13	Bank Charges	\$ -		
16	m13	Resident Expenses	\$ 3,220		
30	IV8	Account W/O	\$ 10		
16	m13	Account Write Off	\$ 708		
Total Other A&G Adjustments			\$ 49,925	\$ -	\$ -

D. Adjustments to Statement of Expenditures (cont'd)

Name of Facility			License No.	Report for Year Ended	Page	of	
Apple Rehab West Haven			2136-C	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 532,313	532,313		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 393,653	393,653		
28.	16	L1	Ambulance/Limousine	\$ 3,221	3,221		
29.	20	f	X-rays, etc	\$ 20,692	20,692		
30.	20	h	Laboratory	\$ 32,477	32,477		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 24,789	24,789		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 27,996	27,996		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.	30	IV5	Interest Income on Accounts Rec	\$ 85	85		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 7,313	7,313		
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,042,538	1,042,538		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Apple Rehab West Haven
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Therapy Supplies	\$ 24,027		
20	5j	Rehab Service Supplies	\$ 3,969		
Total Other Ancillary Costs			\$ 27,996	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	12d	Interest on value note	\$ 3,174		
27	12d	West Haven Tax Interest	\$ 4,070		
29	49	Therapy Disallowance	\$ 69		
Total Other Adjustments			\$ 7,313	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Apple Rehab West Haven	2136-C	9/30/2015			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 4,502,926	4,502,926				
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,762,707	1,762,707				
b. Medicare Room and Board Contractual Allowance **	\$ 496,728	496,728				
4. a. Private-Pay Residents and Other	\$ 1,879,325	1,879,325				
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 232,862	232,862				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (232,834)	(232,834)				
c. Prescription Drugs - Non-Medicare	\$ 78,459	78,459				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (78,459)	(78,459)				
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 661,307	661,307				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (440,236)	(440,236)				
c. Physical Therapy - Non-Medicare	\$ 132,370	132,370				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (132,370)	(132,370)				
4. a. Speech Therapy - Medicare	\$ 48,152	48,152				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (25,215)	(25,215)				
c. Speech Therapy - Non-Medicare	\$ 7,290	7,290				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (7,290)	(7,290)				
5. a. Occupational Therapy - Medicare	\$ 611,329	611,329				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (480,807)	(480,807)				
c. Occupational Therapy - Non-Medicare	\$ 135,000	135,000				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (135,000)	(135,000)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,016,244	9,016,244				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 85	85				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 1,434	1,434				
V. Total Other Revenue (1 thru 8)	\$ 1,519	1,519				
VI. Total All Revenue (III +V)	\$ 9,017,763	9,017,763				

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.

** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV 5	Interest Income	1,746,635	\$ 85		
Total Interest Income			\$ 85	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30 IV 8	Account W/O	\$ 10		
30 IV 8	Medical Records	\$ 1,240		
30 IV 8	Rebates	\$ 184		
Total Other Revenue		\$ 1,434	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	690
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,746,635
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	14,780
5. Prepaid Expenses			\$	42,119
a. Prepaid Insurance	6,381			
b. Prepaid Property Tax	26,986			
c. Prepaid Other Expense				
d. Payroll W/H	8,753			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	125,885
Due Affiliate (Debit Balance)				
Due Affiliate	125,885			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,930,110
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>1,946,230</u>		\$	542,228
	Accum. Depreciation <u>1,404,002</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>31,745</u>		\$	0
	Accum. Depreciation <u>31,745</u>	Net		
6. Movable Equipment	*Historical Cost <u>433,247</u>		\$	74,325
	Accum. Depreciation <u>358,922</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	4,056
Fixed Asset Clearing Account	4,056			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	620,610

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	2,550,720
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	1,875
	Capitalized Refinance Expense	1,875		

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,875
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,552,595

* Historical Costs must agree with Historical Cost reported in Schedules on Depreciation and Amortization (Pages 23 and 24).

G. Balance Sheet (cont'd)

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015		Page 34	of 37
Account				Amount	
Total Brought Forward:				972,908	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
Name of Lender	Purpose	Amount	Date Due	\$	
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 668,267	
Name and Address of Lender	Amount	Loan Date		\$	
Brian J. Foley	668,267	Demand			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 16,230	
Security Deposit		16,230			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 684,497	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,657,406	

G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Apple Rehab West Haven	2136-C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	5,287,308
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(5,014,762)
6. Gain or Loss for Period			\$	621,643
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	895,189
C. Total Reserves and Net Worth			\$	895,189
D. Total Liabilities, Reserves, and Net Worth			\$	2,552,595

H. Changes in Total Net Worth

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	278,244
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	9,017,763
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	8,396,120
D. Net Income or Deficit			\$	621,643
E. Balance			\$	899,887
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	4,698
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
Brian Foley		President	4,698	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	4,698
H. Balance at End of Period			\$	895,189
				09/30/15

I. Preparer's/Reviewer's Certification

Name of Facility Apple Rehab West Haven	License No. 2136-C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Robert Gwizdak				
Address Address		Phone Number		
21 Waterville Road Avon, CT 06001		(860) 470-7535		